MARICOPA COUNTY AFFIDAVIT OF INTENT TO HOME SCHOOL

STUDENT INFORMATION:		
NAME:	DATE OF BIRTH:	
NAME:(LAST, FIRST, MIDDLE)		
SCHOOL DISTRICT OF RESIDENCE:		
PARENT/GUARDIAN INFORMATION:		
NAME:(LAST, FIRST, MIDDLE)	TELEPHONE NUMBER:	
HOME SCHOOL INFORMATION:		
STUDENT'S HOME ADDRESS:	CITY:	ZIP:
PARENT/GUARDIAN'S E-MAIL ADDRESS:		
ARIZONA STATE HOME SCHOOL LAWS FOR REGISTRATION AS	PRESCRIBED BY THE ARIZONA REVISED STATUTES:	
15-802 A: Every child between the ages of six and sixteen years shall attend a and science. The person who has custody of the child shall choose a public, pri		
15-828 B: If a child is instructed at home pursuant to section 15-802, the personal superintendent of the county in which the child resides one of the following		instruction begins, provide to the county
1. A certified copy of the child's birth certificate.		
2. Other reliable proof of the child's identity and age, including the child's baptis explaining the inability to provide a copy of the birth certificate.	smal certificate, an application for a social security number or original s	school registration records and an affidavit
3. A letter from the authorized representative of an agency having custody of the prescribed by law.	ne pupil pursuant to title 8, chapter 2 certifying that the pupil has been p	placed in the custody of the agency as
AUTHORIZATION:		
GUARDIAN SIGNATURE:		
Subscribed and sworn before me this	STATE OF:	
day of, 20	COUNTY OF:	
NOTARY SIGNATURE:	STAMP.	